

Members
AIDS Foundation of Chicago
Alexian Brothers: Bonaventure House & Mental Health
Alliance to End Homelessness in Suburban Cook County
Ambassadors for Christ
Association for Individual Development
Brand New Beginnings
Bridgeway
Lucy Brownlee, D&O Properties
Butler Woodcrafters
Carpenter's Place
Cathedral Shelter
Catholic Charities Archdiocese of Chicago
Catholic Charities Diocese of Joliet
CDBG Operations Corporation
Central Illinois Continuum of Care
Chestnut Health Systems
Chicago Alliance to End Homelessness
Chicago House
Christian Community Health Center
Kitty Cole
Community Counseling Center of Northern Madison County
Community Counseling Centers of Chicago
Connections for the Homeless
Continuum of Care of Kane County
Cornerstone Services
Corporation for Supportive Housing
Crosspoint Human Services
Daveri Development Group
Deborah's Place
Decatur/Macon County Homeless Council CoC
DeKalb County CoC
Delta Center
DeWitt Human Resource Center
Dove/Homeward Bound
DuPage County Continuum of Care
DuPage County Health Department
DuPage PADS
EdgeAlliance
Embarras River Basin Agency
Facing Forward To End Homelessness
Featherfest
Ford Heights Community Service Organization
GBG Inc.
Grand Prairie Services
Great American Insurance Group
The H Group
A. Hamernik & Associates
Heart of Illinois Continuum of Care
Heartland Alliance-Heartland Housing
Heartland Alliance-Heartland Human Care Services
Heartland Continuum of Care
Heritage Behavioral Health Center
Homestead Corporation of Champaign/Urbana
Housing Action Illinois
Housing Authority of Henry County
Housing Opportunities for Women
Housing Options for the Mentally Ill in Evanston
Human Resources Development Institute
Human Service Center of South Metro-East
Human Support Services
Illinois Association of Community Action Agencies
Inner Voice
Inspiration Corporation
Interdependent Living Solutions Center
Interfaith Housing Development
Tom Johnson
La Casa Norte
Lake County Continuum of Care
Lazarus House
LifeLinks
Light the Way Inc.
Lighten-Gale Group
Linscott Park Development LLC
Lutheran Child and Family Services
MCS Community Services
M.E.R.C.Y. Communities
Madison County Community Development
Mayor's Task Force on Homelessness-Rockford
McHenry County Continuum of Care
Mercy Housing Lakefront
Mid-Central Community Action
NAMI-Illinois Chapter
New Foundation Center
Northwestern Illinois Continuum of Care
PADS Crisis Services
Perry County Counseling Center
Pillars
The Primo Center for Women and Children
Public Action to Deliver Shelter, Inc./Hesed House
The Renaissance Collaborative
Renaissance Social Services
A Safe Haven Foundation/CCIL
Sarah's Circle
Shelter Care Ministries
Single Room Housing Assistance
South Side Office of Concern
South Suburban PADS
South-Central Continuum of Care
Southeastern Illinois Counseling Center
Southern Illinois Coalition for the Homeless
Southern Illinois Continuum of Care
Southern Illinois Regional Social Services
Fred Spannaus
St. Clair Homeless Action Council CoC
St. Leonard's Ministries
SWAN
Tazwood Mental Health Center
This End Up Furniture Company
Thresholds
Together We Cope
Trilogy
Trinity Services
Urbana/Champaign Continuum of Care
West Central Illinois Continuum of Care
West Suburban PADS
Will County Continuum of Care
Zion Development Corporation

Supportive Housing Providers Association

Providing permanent housing solutions to end homelessness

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Testimony to the Illinois Human Services Budgeting for Results Commission Senator Dan Kotowski, Chair October 12, 2011

Senator Kotowski and Commissioners, thank you for this opportunity to testify. My name is Lore Baker of the Supportive Housing Providers Association (SHPA). I represent SHPA's 118 non-profit member organizations, including staff, boards, and over 10,100 residents living in supportive housing, plus the over 20,000 men, women, and children homeless or inappropriately housed needing supportive housing in our state, which are daily challenged by their struggle to obtain adequate resources to survive.

Recommendations:

- As a guiding principle for prioritizing spending in the state of Illinois, take into consideration first life and death safety issues, basic building blocks of a life (food, shelter, clothing) and the legal obligations that the state is under. For example, it is imperative that all people have access to physical and mental health services and medication, including psychotropics.
- As you weigh the legal obligations of the state (consent decrees) don't forget about the moral obligations. I believe that housing is a human right and that no Illinois citizen should be homeless. So legal obligations must not take precedent over persons experiencing homelessness who are currently on waiting lists around the state for affordable and supportive housing.
- The majority of persons receiving social services around the state don't exist in a vacuum. In other words, they have multiple needs being served by multiple agencies being funded by multiple departments. It is imperative that collaboration at the very highest departmental level happens in order to create more effective and efficient service systems within our communities. For example, supportive housing service funding is primarily received from the Department of Human Services, either through the Division of Mental Health or the Bureau of Homeless Services and Supportive Housing. But some supportive housing providers receive Department of Healthcare and Family Services dollars (Medicaid) or Department of Public Health dollars (HIV/AIDS) or Department of Children and Family Services dollars (family reunification) or Department of Corrections dollars (community re-entry). The state must also thoughtfully consider how best to organize around the re-balancing effort since multiple departments are involved including IDPH, IDHS-DMH, IDHFS, IDOA, IHDA, etc. The state should consider how to best breakdown the silos that separate these departments and streamline the ability to share information, resources and staff, in order to accomplish the herculean task of

moving thousands of Illinoisans from institutions to the community. Perhaps a new Re-Balancing Long-Term Care Division could be created with staff from each pertinent Department shared to work together in this “new” Division or use the example of the Interagency Council on Homelessness at the federal level making great inroads into collaboration around issues that involve multiple departments.

- Results related to the coordination of services should be created.
- The collection of usable, quality data is essential but most social service providers input data and create reports for multiple data entry systems and funders. This is redundant, burdensome and a non-productive use of time. Perhaps a social service data base at the state level with limited access to information by each user could be implemented, using the Homeless Management Information System (HMIS) as an example.
- Actually use the data collected to make decisions and improve service delivery. For example, the Department of Corrections nationwide is the largest provider of mental health services. In order to shut the front door of IMDs and nursing homes and realize cost efficiencies, the Department of Corrections must be an active participant in the rebalancing effort. IDOC should develop data-matching software to target those with multiple contacts with the prison system who also have multiple contacts with the IDHS Division of Mental Health system. This would allow IDOC to accurately identify those persons in their system with a severe mental illness that could most benefit from supportive housing with long term services and access to mental health services. That way, proper release placements could occur, rather than inappropriate and costly IMD or nursing home placement.
- Consider fiscal outcomes or results for social service providers. We all know that it takes administration to manage a program legally and in order to realize the results desired by the grantee but no one wants to pay for administration. Recognize that fiscal and reporting functions are necessary to perform the in-person services.
- Hold roundtable discussions around the state (perhaps spearheaded by Illinois Partners for Human Services) to gather the wisdom of social services providers and receive increased input into this process. SHPA is willing to assist in this endeavor.
- Finally, be sure when the outcomes are being developed for the budgeting for results process that current goals and objectives that human service providers are held to by other funders are considered. Don’t overburden already overtaxed and severely delinquent paid non-profits by creating new outcomes when they already report on outcomes for other federal and local funders. For example, Continuums of Care around the state that received millions of dollars annually from HUD to serve persons experiencing homelessness work towards five major objectives: Create new permanent housing beds for chronically homeless individuals, increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent, increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent, increase percentage of persons employed at program exit to at least 20 percent and decrease the number of homeless households with children. This is just one example of current results Illinois programs are producing.

We look forward to partnering with the state throughout the Budgeting for Results process. Thank you for your time and consideration.